

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.

**09/674329**

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4	2		/			
5	/	/	/			
6	/	/	/			
7	/	/	/			
8	/		/			
9	/		/			
10	/	/	/			
11	/		/			
12	1		/			
13	2		/			
14	2		/			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	10		10			
TOTAL CLAIMS	18		14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS